



State of Utah
Department of
Natural Resources

MICHAEL R. STYLER
Executive Director

Division of
Oil, Gas & Mining

JOHN R. BAZA
Division Director

JON M. HUNTSMAN, JR.
Governor

GARY R. HERBERT
Lieutenant Governor

September 30, 2005

CERTIFIED RETURN RECEIPT
7002 0510 0003 8603 3073

Jean Bluck
Liberty Mutual Insurance Company
370 East South Temple, Suite 250
Salt Lake City, Utah 84111

Subject: Bond Return for Corrections Issued for Principal, Nielson Construction, Bond Number 965-005-228, Nielson Construction Limestone Mine, S/049/052, Utah County, Utah

Dear Ms. Bluck:

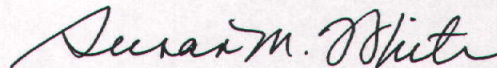
The original referenced bond is being returned for the reasons outlined in the bulleted items below. Please make the corrections and return original to this office.

- **Page 2 - The bond principal signature requires the signatory title. Include the principal's title.**
- **Page 4 - The bond must be completely executed. The document is unacceptable with blank spaces left, including names of persons or entities. Include the name of principal on the Affidavit of Qualification. (Should read: On the 2 day of 2, 2005, Stephanie Garahana personally appeared before me, who being by me duly sworn did say that he/she, the said Stephanie Garahana is the Attorney-in-Fact of Liberty Mutual Insurance Company and duly acknowledged that said instrument and said Stephanie Garahana duly acknowledged).**
- **The Power of Attorney of Surety issuance date cannot be a later date than the certification date. Please correct.**

Jean Bluck
Page 2 of 2
S/049/052
September 30, 2005

Thank you for your prompt attention to this matter. Please call me at 801-538-5258 if you have any questions regarding this letter.

Sincerely,



Susan M. White
Mine Program Coordinator
Minerals Regulatory Program

SMW:BE:jb
Enclosure: Surety Bond number 965-005-228
cc: Beth Ericksen, DOGM
Lynn Kunzler, DOGM
Wayne Nielson, Nielson Construction
O:\M049-Utah\S0490052-NielsonLimestone\draft\bondreturn1.doc

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JEAN BLUCK

LIBERTY MUTUAL INS CO
370 E SOUTH TEMPLE STE 250
SALT LAKE CITY UT 84111

4a. Article Number

7002 0510 0003 8603 3073

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

JB DOGM S/049/052 9/30/05

7. Date of Delivery

10-3-05

5. Received By: (Print Name)

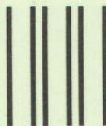
Jean Bluck

8. Addressee's Address (Only if requested and fee is paid)**6. Signature: (Addressee or Agent)**

X Jean Bluck

OCT 03 2005

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

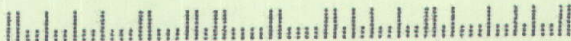
Joelle Burns
State of Utah
Division of Oil, Gas and Mining
1594 West North Temple Suite 1210
Salt Lake City UT 84114-5801

RECEIVED

OCT 04 2005

DIV. OF OIL, GAS & MINING

C010



U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

JB DOGM S/049/052 9/30/05

Postage

\$

Correct Surety error

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Sent To

JEAN BLUCK - LIBERTY MUTUAL INS CO

Street, Apt. No.;
or PO Box No.

370 E SOUTH TEMPLE STE 250

City, State, ZIP+4

SLC UT 84111

7002 0510 0003 8603 3073